

Behavioral Health Outcomes

Working Toward the Integration of Behavioral Health and Alcohol & Drug Services



San Diego County Behavioral Health Services Fiscal Year 2010-2011 Report

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INTRODUCTION

The Health and Human Services Agency Behavioral Health Services Division (BHS), previously consisted of three separate systems of care including Alcohol and Drug Services, Adult/Older Adult Mental Health Services and Children's Mental Health Services. While services are provided in each of these areas, they are now integrated and work collaboratively to provide services that focus on the wellness and recovery of the individuals BHS serves. This integration is imperative to treat the whole individual, since the co-occurrence of mental illness and addiction impact a large number of the individuals served. The combination of mental health and addiction in an individual increases risk for frequent psychiatric relapses, poor medication compliance, violence, suicide, legal problems, and high utilization of the emergency room or inpatient services. Integrated treatment requires both an understanding of mental illness and addiction and the means to integrate and modify the traditional treatment approaches in both the mental health and addiction treatment fields. There is strong evidence to support the efficacy and effectiveness of integrated treatment in this population.

The first step toward integration occurred in December 2002, when HHSA implemented the Comprehensive, Continuous, Integrated System of Care (CCISC) model to advance program capability throughout the service delivery system to serve clients who were experiencing alcohol and drug addiction and serious mental illness simultaneously. This initiative was implemented through the development of the San Diego Change Agents Developing Recovery Excellence (CADRE) in 2003, with the purpose to support clients and their families who were users of both the mental health and alcohol and drug systems. Shortly after that, the County's Alcohol and Drug Services Administration and Mental Health Administration co-located and began the long planning process to fully integrate services.

In March 2005, HHSA launched its Behavioral Health Services Initiative with strong community input and support to improve service coordination and integration among alcohol, drug, and mental health service providers. The County enhanced training for existing ADS and MHS providers to be trained on screening tools and referral processes to ensure clients and families receive coordinated, appropriate, and needed services. The integrated services model focuses on the provision of integrated screening, assessment, and treatment services to clients and their families. Through the CCISC Initiative and the BHS Initiative, paraprofessional and professional staff have been trained on the continuum of services that are dually welcoming, dually capable, and dually enhanced for clients who are experiencing co-occurring issues.

In 2012, efforts to further refine the HHSA BHS administrative structure were made. Key leadership positions were streamlined and a training plan was implemented to ensure all BHS staff were well acquainted with the work of all units. At that same time, BHS administration began planning for the integration of the stakeholder community with a goal to fully integrate all board meetings and stakeholder groups by 2014. In an effort to achieve full integration BHS will continue to review data surrounding the co-occurrence of mental health disorders and addiction. In collaboration with the systems of care, report development and trend analysis for this population will remain a priority.

The data reported in the following pages was compiled from the Mental Health Services (MHS) and Alcohol and Drug Services (ADS) systems that comprise the overall San Diego County Behavioral Health Services system. Please note that MHS and ADS system-specific terminology was retained and utilized in their respective sections. Specifically, clients served in the mental health system are referred to as dually diagnosed if they have both a substance abuse and mental health diagnosis in their medical records. Clients served in the alcohol and drug system do not collect diagnostic information, and are referred to as co-occurring if they enter treatment in an ADS program and have self-reported current or past psychiatric problems.

KEY FINDINGS

Youth

- Youth in the mental health system with a dual diagnosis were more likely to be male, between the ages of 12-17, and more likely to be Hispanic, when compared with youth without a dual diagnosis.
- Youth in the mental health system with a dual diagnosis showed a reduction of mental health symptoms on the Child Adolescent Measurement Scale (CAMS) and improvement in functioning on the Children's Functional Assessment Rating Scale (CFARS) from intake to discharge.
- There were no substantial differences in demographics (race/ethnicity, gender, and age) between youth served in the Alcohol and Drug System (ADS) with a co-occurring disorder and without a co-occurring disorder.
- Criminal justice involvement, substance use, and use of emergency services all decreased from intake to discharge for youth in ADS with a co-occurring disorder.
- Clients without a co-occurring disorder were more likely to successfully discharge from an ADS program.

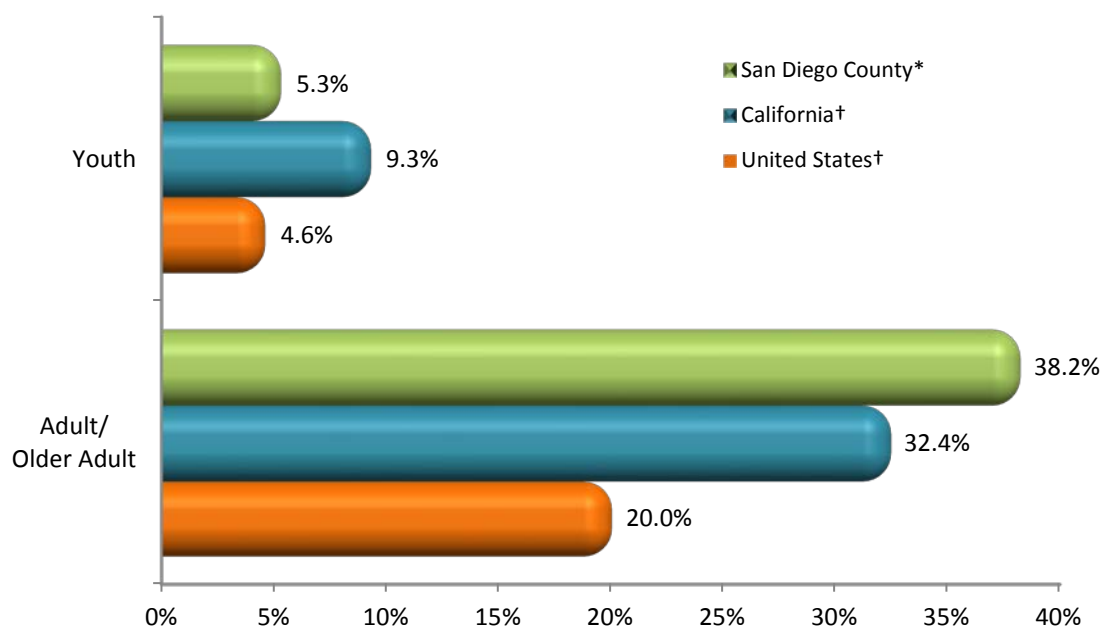
Adults

- Adults in the mental health system with a dual diagnosis were more likely to be White or African American, and between the ages of 25 and 59 years of age, when compared with those without a dual diagnosis.
- Adult clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Schizophrenia/Schizoaffective or Bipolar Disorder, and slightly less likely to have Major Depression Disorders or Anxiety Disorders .
- On the Illness Management and Recovery (IMR) scale, adults with a dual diagnosis showed a significant improvement in recovery.
- On the Recovery Markers Questionnaire (RMQ) scale, adults with a dual diagnosis showed a significant increase in the overall mean score from baseline to follow-up assessment.
- Similar to the Mental Health Services group, Adult ADS clients with a co-occurring mental health disorder were largely between the ages 25-59.
- Clients with a dual diagnosis were more likely to be male while clients with no dual diagnosis were more likely to be female .
- Adult ADS clients with a co-occurring disorder were more likely to be White and to a lesser degree, African American compared to those without a co-occurring disorder. Hispanics and Asian/Pacific Islanders were less likely to have a co-occurring disorder.
- Average scores for any arrest within the previous 30 days decreased from intake to an ADS program to discharge (12.5% and 4.9%, respectively).
- Criminal justice involvement, substance use, unemployment, and use of emergency services all decreased from intake to discharge for Adults in ADS with a co-occurring disorder.

SECTION I: Clients with Dual Diagnosis in the San Diego County Mental Health System (County MHS)

Clients were considered to have a dual diagnosis if they received mental health services in Fiscal Year 2010-2011 and had a primary or secondary substance abuse diagnosis entered in Anasazi. Outcomes in the County MHS came from three different sources: Anasazi, the DES (for youth outcomes), and HOMS (for adult outcomes). Outcomes in the ADS and County MHS systems differ by necessity. Outcomes of interest in the Alcohol and Drug Services System are focused on specific improvements that would be expected to take place after completing an alcohol and substance abuse program. These include areas that are related to substance use, such as frequency/severity of substance abuse, involvement with the justice system, employment, and use of emergency services. While there is some commonality, for the County MHS system the outcomes are focused on specific areas that might be expected to change after receiving services in the County MHS. These include assessments of socio-emotional state, functioning, progress towards recovery, and substance abuse.

Rates of Dual Diagnosis



*Data from Anasazi FY 2010-11 extract, May 2012 download

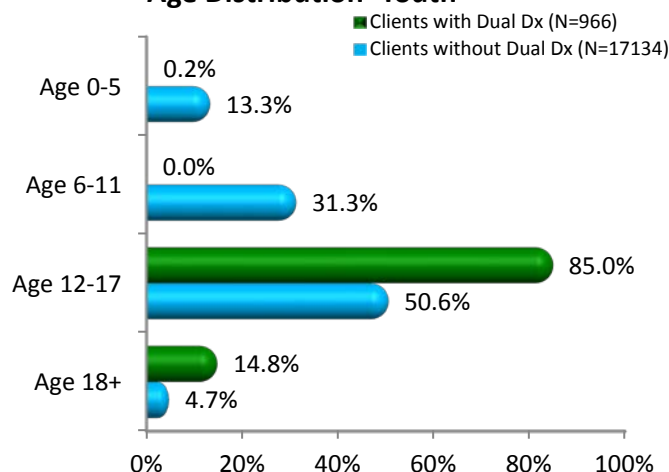
†Data from the California 2010 Mental Health National Outcome Measures Report (SAMHSA)

Youth. The rate of dual diagnosis in youth clients in San Diego County was smaller than the rest of California; however San Diego County dual diagnosis rates were approximately equivalent with SAMSHA nationwide rates.

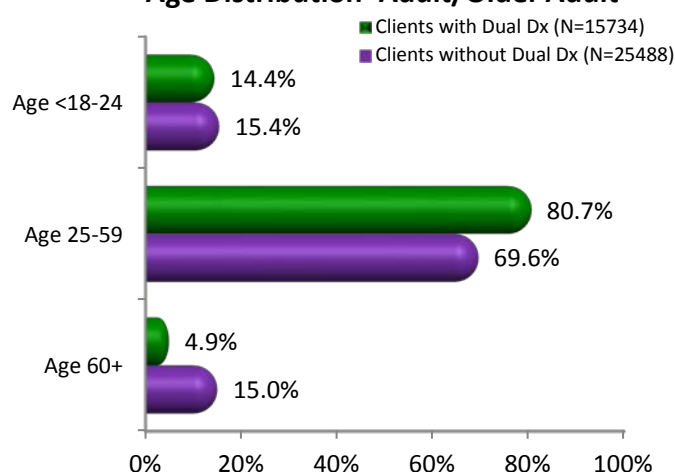
Adults. The rate of dual diagnosis in adult clients in San Diego County exceeded the rate of dual diagnosis in the rest of California, and both rates were higher than the nationwide SAMSHA rates.

Age and Gender of County MHS Clients

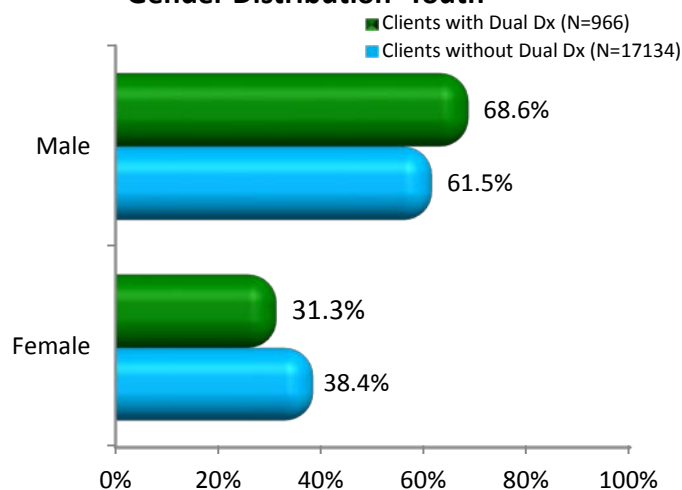
Age Distribution—Youth



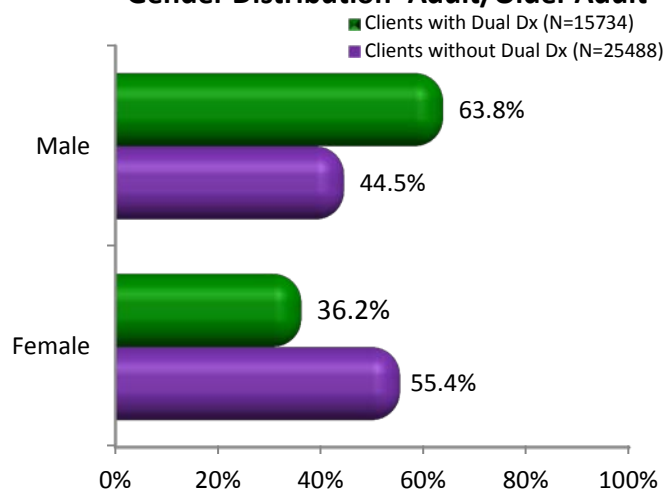
Age Distribution—Adult/Older Adult



Gender Distribution—Youth



Gender Distribution—Adult/Older Adult



AGE

Youth: Over 99% of youth with a dual diagnosis were ages 12 or older, compared to 55% of youth clients systemwide. Approximately 85% of youth with a dual diagnosis were in the 12-17 age range.

Adults: The majority of adult clients with a dual diagnosis were between the ages of 25 and 59 years of age (80.7%). While adults without a dual diagnosis were also more likely to be in this age group, the proportion is lower (69.6%). Clients with a dual diagnosis become less prevalent in the 60+ age group (4.9%).

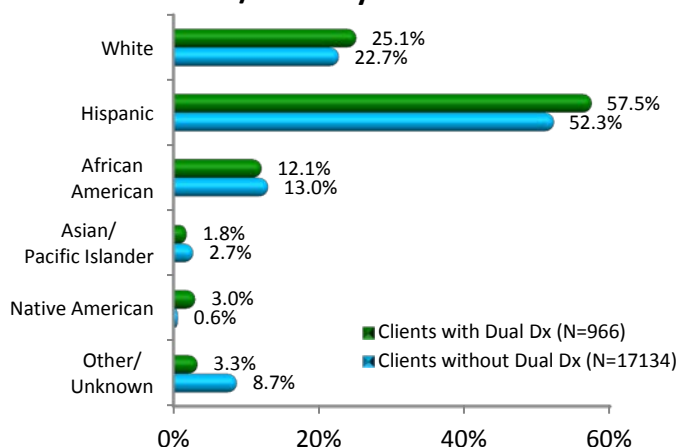
GENDER

Youth: Youth clients with a dual diagnosis were slightly more likely to be male than clients without a dual diagnosis (68.6% versus 61.5%).

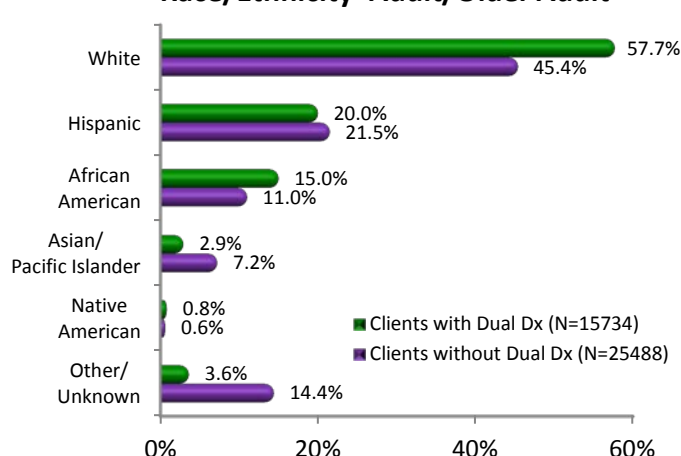
Adults: Clients with a dual diagnosis were more likely to be male while clients with no dual diagnosis were more likely to be female.).

Race/Ethnicity and Primary Diagnosis of County MHS Clients

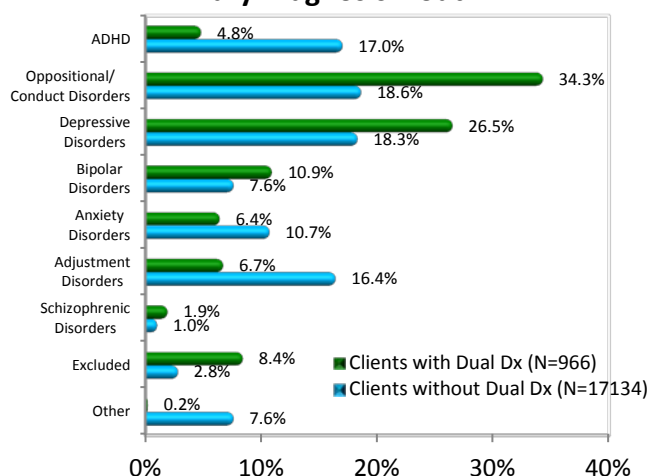
Race/Ethnicity–Youth



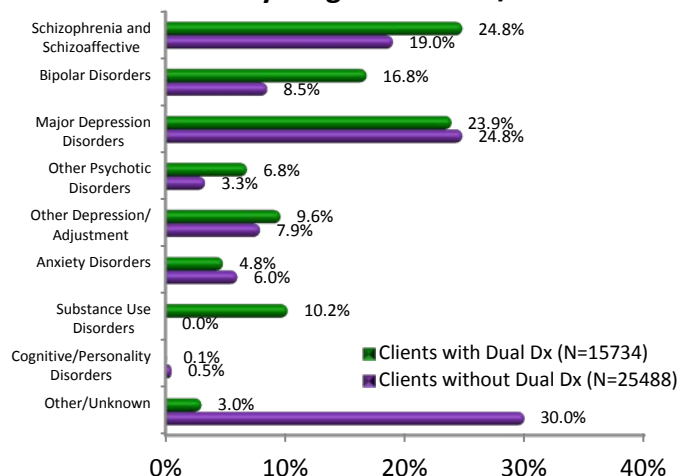
Race/Ethnicity–Adult/Older Adult



Primary Diagnosis–Youth



Primary Diagnosis–Adult/Older Adult



RACE/ETHNICITY

Youth: Youth clients with a dual diagnosis in mental health programs were slightly more likely to be White or Hispanic when compared with clients without a dual diagnosis, but overall their race/ethnic backgrounds were similar.

Adults: Adult clients with a dual diagnosis in mental health programs were more likely to be White or African American than those without a dual diagnosis. Clients without a dual diagnosis were more likely to be Hispanic or Asian/Pacific Islander.

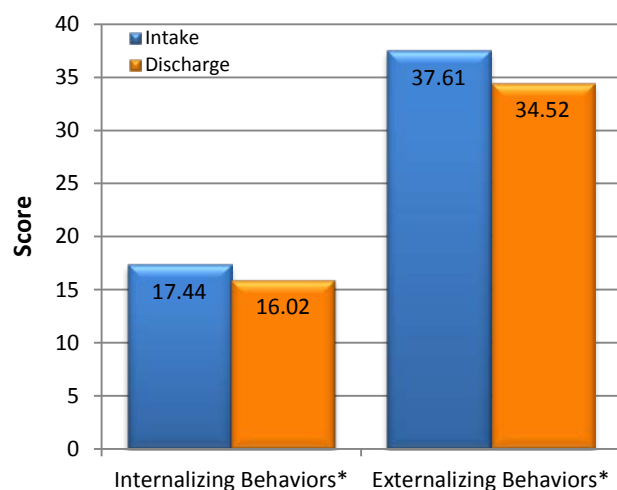
DIAGNOSIS

Youth: Youth clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Oppositional/Conduct Disorders, Depressive Disorders, or Bipolar Disorders and less likely to have Anxiety Disorders, ADHD, or Adjustment Disorders.

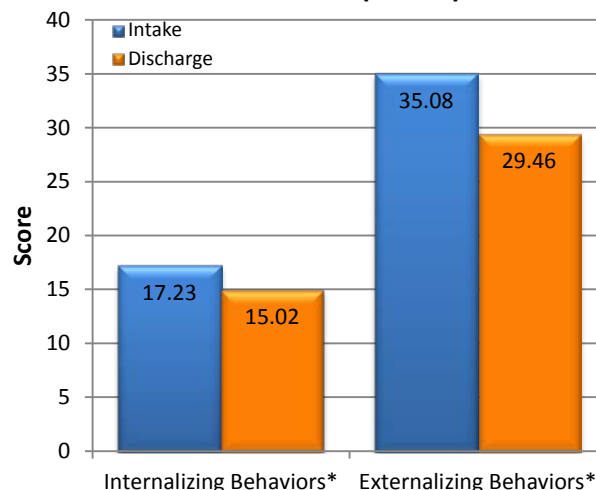
Adults: Adult clients with a dual diagnosis in mental health programs were more likely to have a primary diagnosis of Schizophrenia/Schizoaffective or Bipolar Disorder, and slightly less likely to have Major Depression Disorders or Anxiety Disorders.

Outcomes Measures for County MHS Youth with Dual Diagnosis

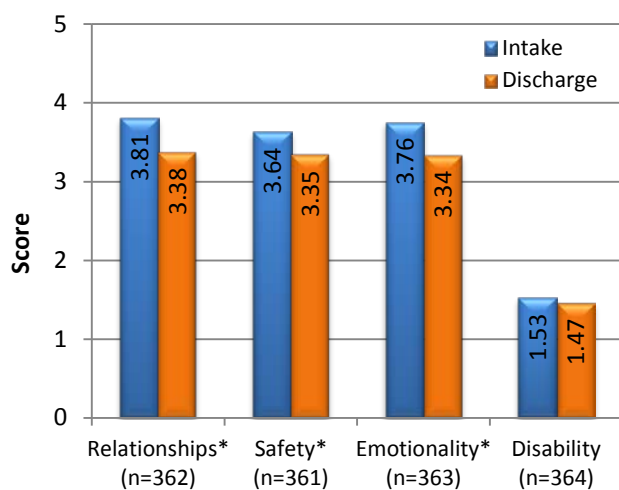
CAMS Caregiver (n=135)



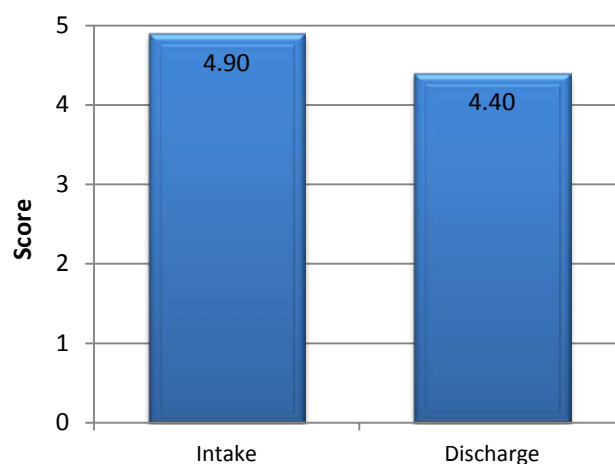
CAMS Youth (n=126)



CFARS Subscales



CFARS Substance Abuse* (n=364)

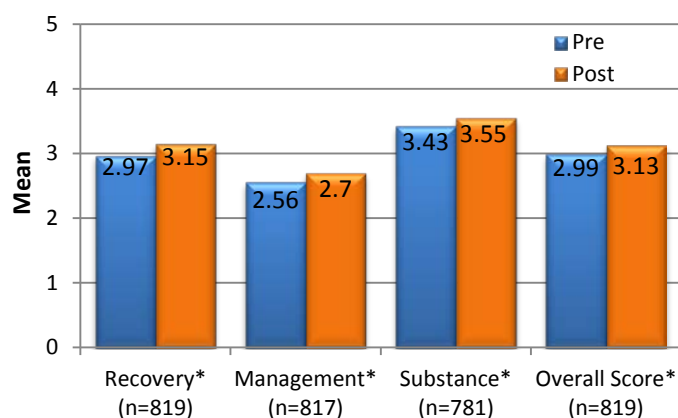


*Statistically significant from Intake to Discharge assessment, $p < .001$

- On the Child and Adolescent Measurement System (CAMS), youth and parents reported significantly fewer emotional (i.e., internalizing) and behavioral (i.e., externalizing) problems on both the caregiver and youth scales at discharge compared to intake.
- On the Children's Functional Assessment Rating Scale (CFARS), clinicians reported that youth significantly improved in the functioning domains of relationships, safety, emotionality, and substance abuse from intake to discharge.

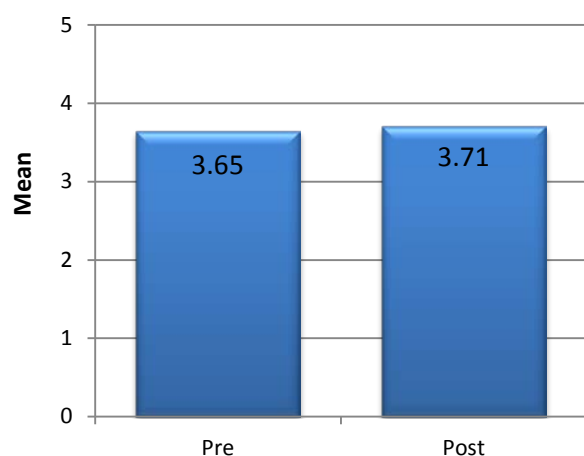
Outcomes Measures for County MHS Adults with Dual Diagnosis

IMR Subscales



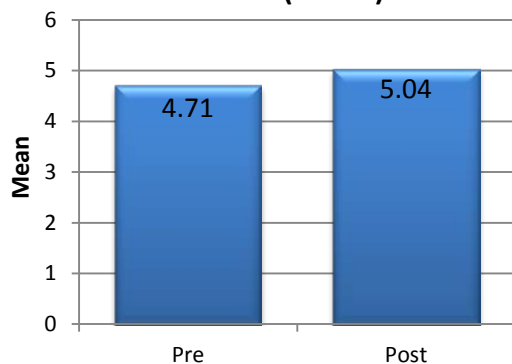
- On the **Illness Management and Recovery (IMR)** scale, adults with a dual diagnosis had significant improvement in recovery as indicated by a significant increase in mean scores on three subscales (Recovery, Management, Substance), and on the Overall Score from baseline to follow-up assessment.

RMQ^ (n=461)



- On the **Recovery Markers Questionnaire (RMQ)** scale, adults with a dual diagnosis had a significant increase in the overall mean score from baseline to follow-up assessment, indicating greater recovery.

SATS-R (n=352)



- On the **Substance Abuse Treatment Scale-Revised (SATS-R)**, adults with a dual diagnosis had a significant increase in the overall mean score from baseline to follow-up assessment, indicating greater recovery.

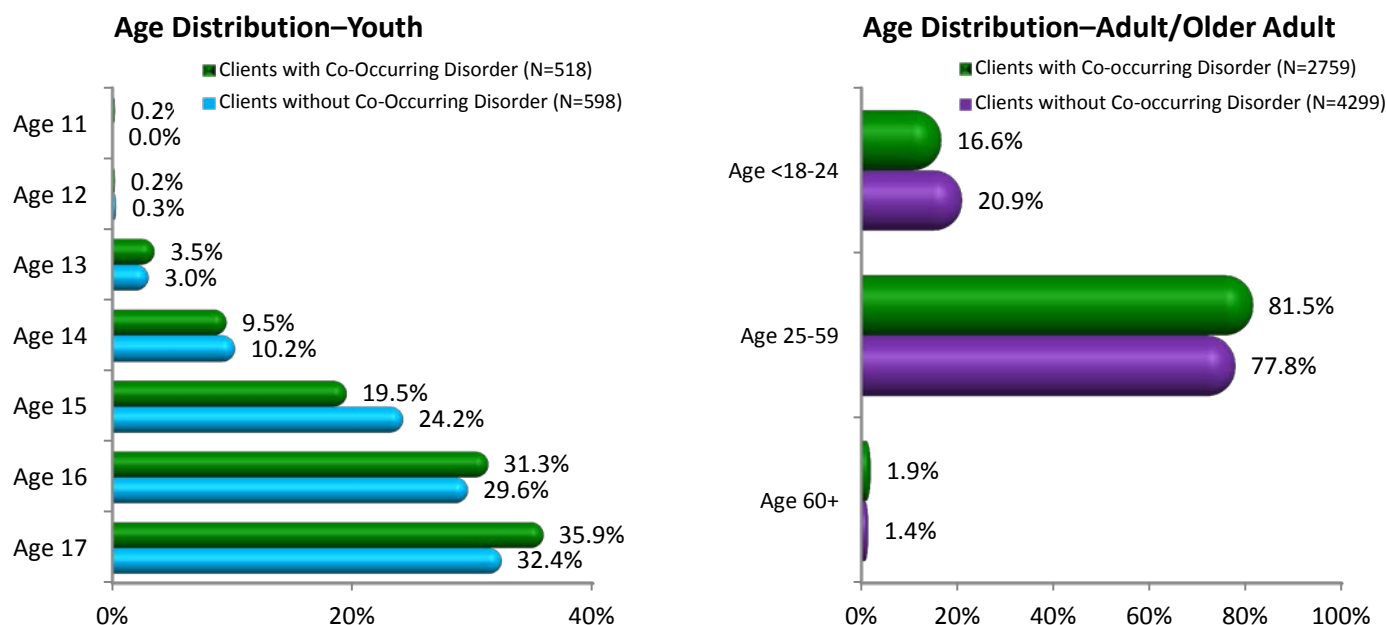
*Statistically significant from Pre- to Post- assessment, $p < .001$

^Statistically significant from Pre- to Post- assessment, $p < .05$

SECTION II: Clients with Co-Occurring Disorder in the San Diego County Alcohol & Drug Services System

Clients were considered co-occurring if they had a discharge from Alcohol and Drug Services in FY 2010-11 and: 1) they were also open to county mental health services OR 2) they self-reported that they had experienced psychiatric problems during the initial Alcohol and Drug Services (ADS) assessment. Outcomes in ADS came from SanWits and were chosen because of the specific changes that are expected after receiving ADS services. As compared to those in the County MHS, ADS outcomes focus on the use of emergency services and criminal justice involvement. County MHS outcomes are focused on functioning and recovery while being treated for mental illness.

Age of ADS Clients



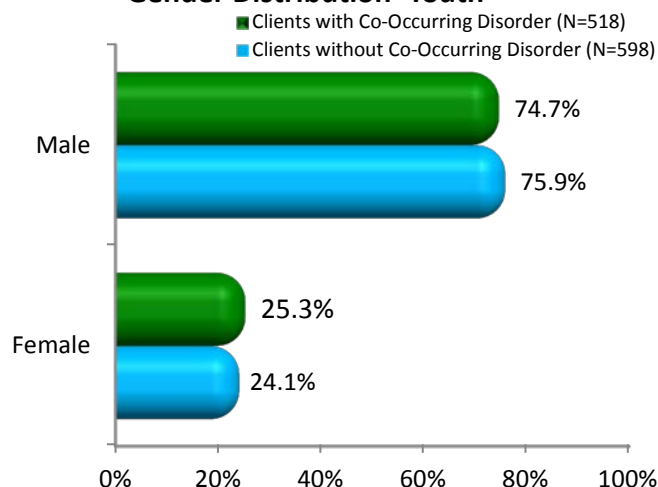
AGE

Youth: 87% of youth with a co-occurring disorder were ages 15-17, which is similar to the proportion of ADS clients without a co-occurring disorder (86.2%).

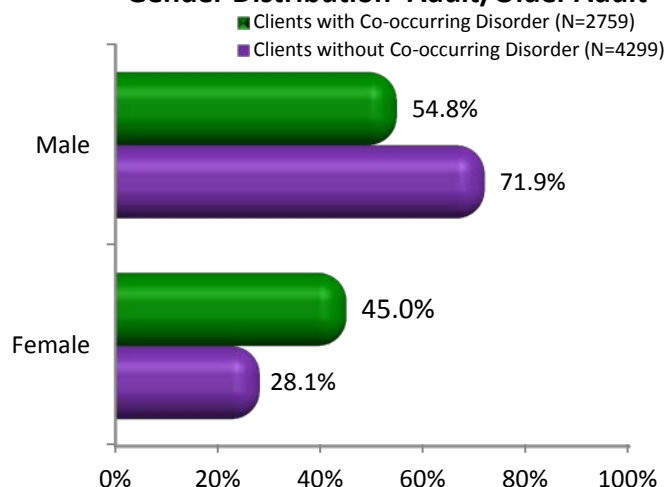
Adults: 81.5% of adult ADS clients with a co-occurring disorder were age 25-59, which is similar to the proportion of clients without a co-occurring disorder (77.8%).

Gender and Race/Ethnicity of ADS Clients

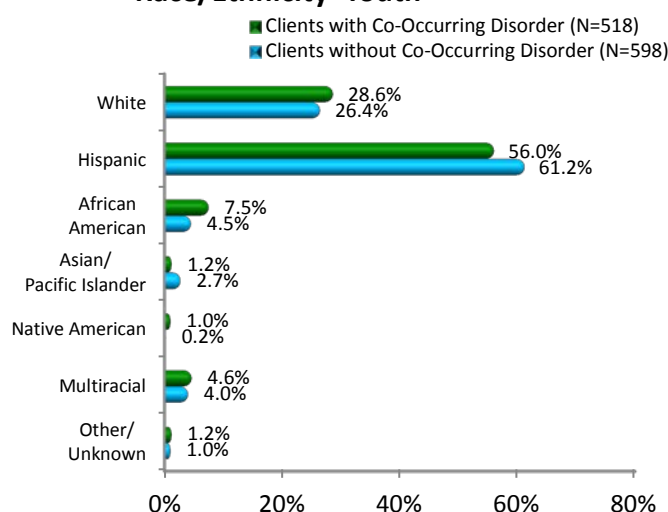
Gender Distribution–Youth



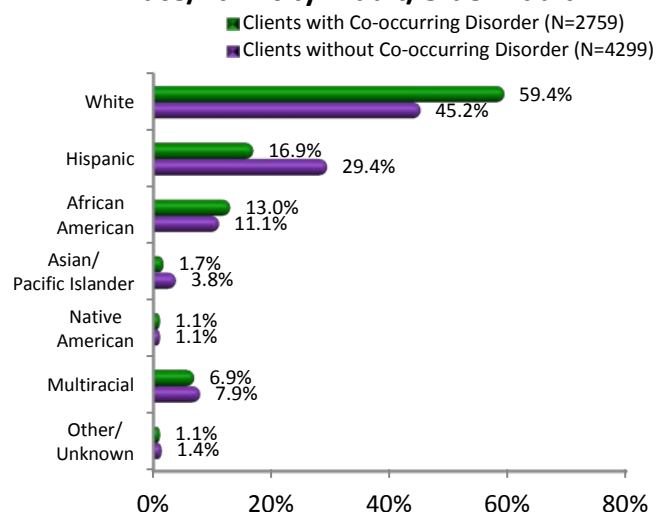
Gender Distribution–Adult/Older Adult



Race/Ethnicity–Youth



Race/Ethnicity–Adult/Older Adult



GENDER

Youth: ADS Youth clients with a co-occurring disorder were more likely to be male than the mental health dual diagnosis group (75% versus 68.6%), but there were no differences compared to the general ADS population.

Adults: Clients both with and without a co-occurring disorder were more likely to be male; however this likelihood was proportionally much larger for the non co-occurring disorder group (71.9% male for the co-occurring group versus 54.8% for the non co-occurring group).

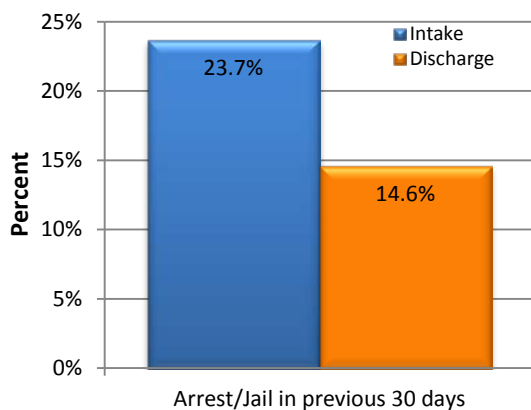
RACE/ETHNICITY

Youth: Youth clients with a co-occurring disorder were slightly more likely to be White (28.6% versus 26.4%) or African American (7.5% versus 4.5%) and less likely to be Hispanic (56% versus 61.2%) than clients without a co-occurring disorder.

Adults: Adult ADS clients with a co-occurring disorder were more likely to be White (59.4% versus 45.2%), and to a lesser degree, African American (13% versus 11.1%); conversely, Hispanics and Asian/Pacific Islanders were less likely to have a co-occurring disorder.

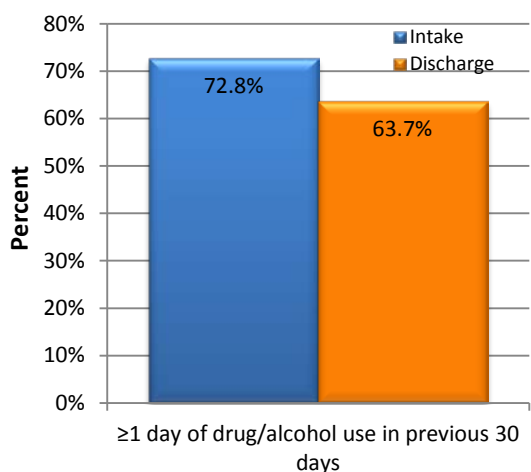
Outcomes Measures for ADS Youth with Co-Occurring Disorder

Criminal Justice Involvement



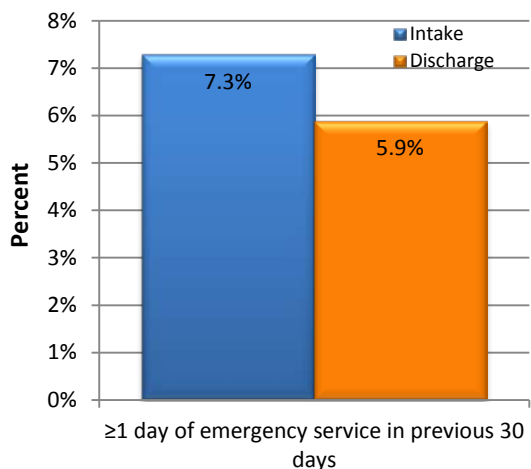
- **Criminal Justice Involvement**- proportion of clients with any arrest within the previous 30 days decreased from intake to discharge (23.7% to 14.6%).

Substance Use



- **Substance Use** - The proportion of ADS service recipients with 1 or more days of drug or alcohol use in the previous 30 days decreased from intake (72.8%) to discharge (63.7%).

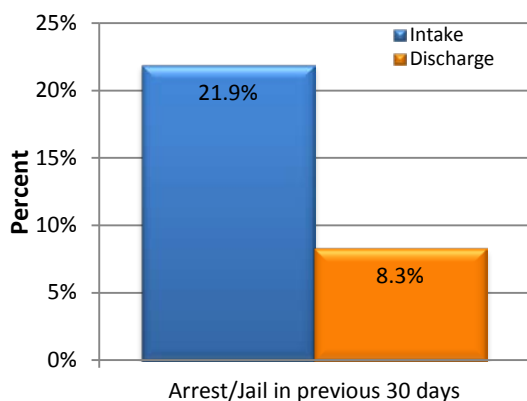
Use of Emergency Services



- **Use of Emergency Services** – The proportion of ADS service recipients requiring 1 or more days of emergency services in the previous 30 days decreased slightly from intake to discharge (7.3% to 5.9%).

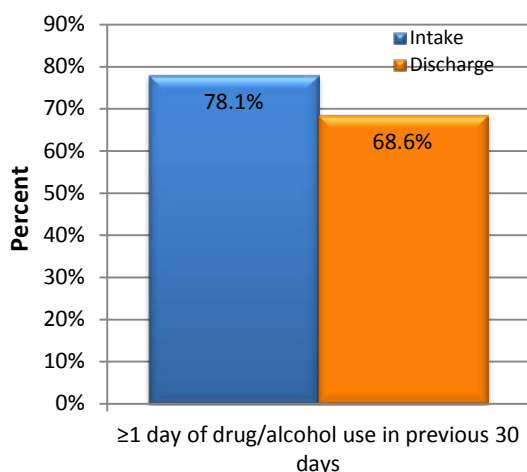
Outcomes Measures for ADS Adults with Co-Occurring Disorder

Criminal Justice Involvement



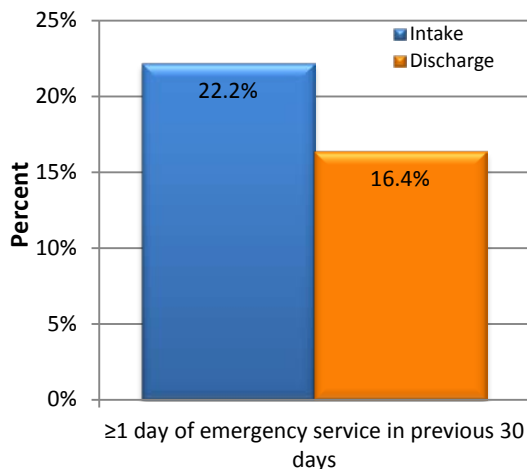
- **Criminal Justice Involvement-** The proportion of clients with any arrest within the previous 30 days decreased from intake to discharge (21.9% to 8.3%).

Substance Use



- **Substance Use-** The proportion of ADS service recipients with 1 or more days of drug or alcohol use in the previous 30 days decreased from 78.1% at intake to 68.6% at discharge.

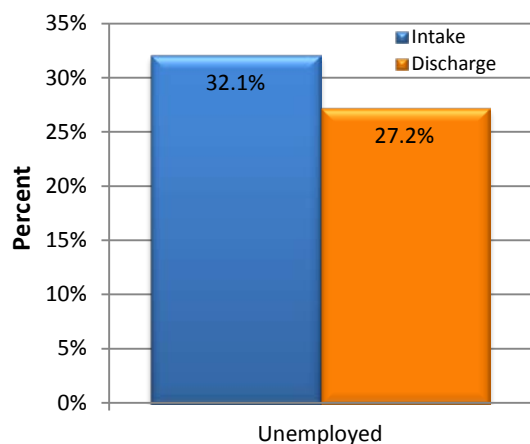
Use of Emergency Services



- **Use of Emergency Services –** The proportion of ADS service recipients requiring 1 or more days of emergency services in the previous 30 days decreased from 22.2% at intake to 16.4% at discharge.

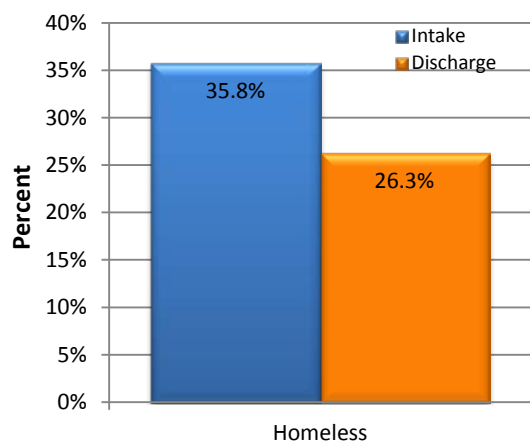
Outcomes Measures for ADS Adults with Co-Occurring Disorder

Employment Status



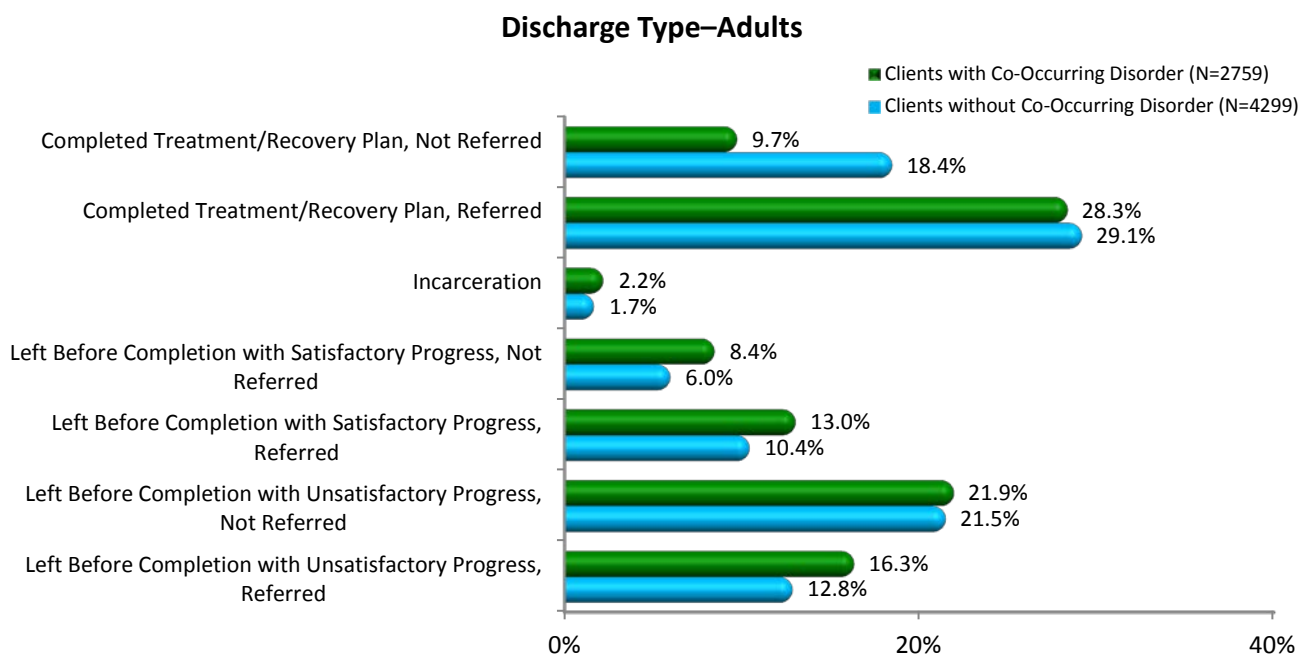
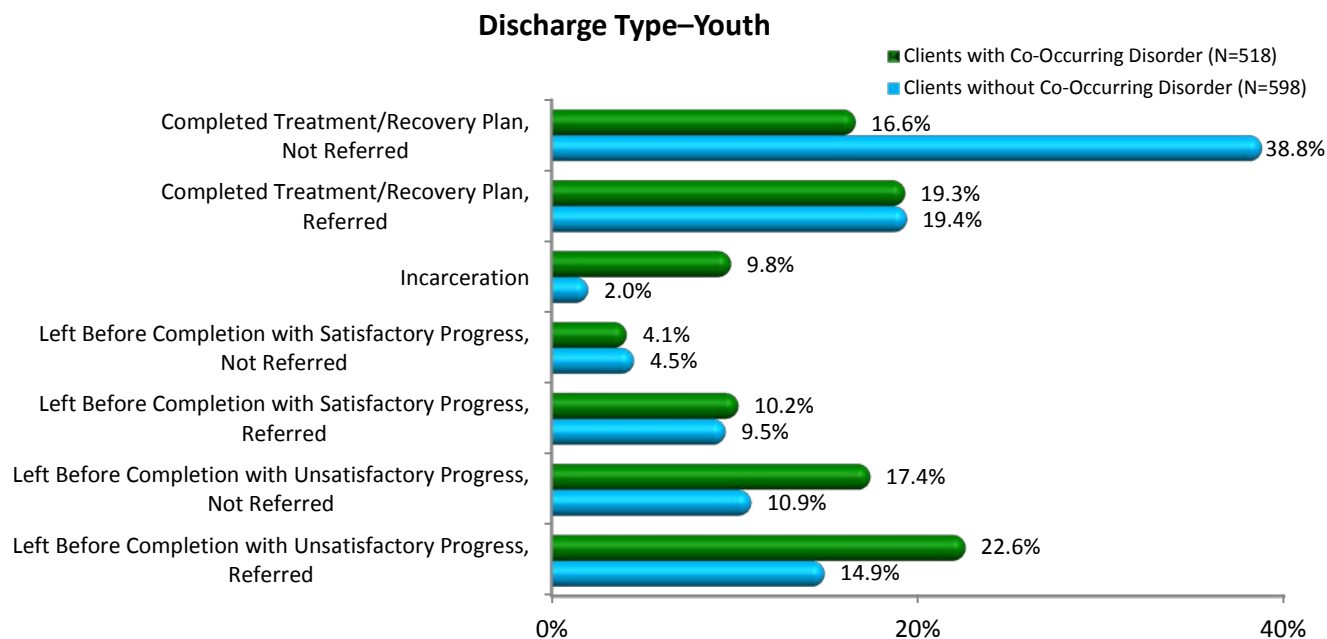
- **Employment Status** - Mean unemployment rates decreased from 32.1% at intake to 27.2% at discharge.

Housing Support



- **Housing Support** - Average scores for housing support were improved, with 35.8% reporting homelessness at intake, decreasing to 26.3% at discharge.

Discharge Type for ADS Youth and Adults



SUCCESSFUL DISCHARGE

Youth: Co-occurring clients were less likely to complete treatment and more likely to leave before there was satisfactory progress than clients without a co-occurring disorder. They were also more likely to leave due to incarceration (9.8% versus 2% respectively).

Adults: Co-occurring clients were less likely to complete treatment, and more likely to leave before completion (both with and without satisfactory progress) than clients without a co-occurring disorder.